

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** LAKECOUNTYHOUSINGCOMMISSION

**PHANumber:** CA144

**PHAFiscalYearBeginning:** 07-01-2003

**PHA Plan Contact Information:**

Name: Connerly & Associates, Inc.

Phone: 707 -995-7120

TDD:

Email (if available): schousing @earthlink.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA : Connerly & Associates, Inc.  
9055 Hwy 53 #2  
Lower Lake, CA 95457
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☒ Other (list below) Department of Social Services  
926 South Forbes Street  
Lakeport, CA

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA: Connerly & Associates
- ☐ PHA development management offices
- ☒ Other (list below) Department of Social Services  
926 South Forbes Street  
Lakeport, CA

**PHA Programs Administered :**

- ☐ Public Housing and Section 8      ☒ Section 8 Only      ☐ Public Housing Only

# AnnualPHAPlan FiscalYear2003

[24CFRPart903.7]

## i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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#### Attachments

- |                                     |   |   |
|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> | Attachment A: Supporting Documents Available for Review                         | 7 |
| <input type="checkbox"/>            | Attachment __: Capital Fund Program Annual Statement                            |   |
| <input type="checkbox"/>            | Attachment __: Capital Fund Program 5 Year Action Plan                          |   |
| <input type="checkbox"/>            | Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement |   |
| <input type="checkbox"/>            | Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan             |   |
| <input checked="" type="checkbox"/> | Attachment <u>B</u> : Resident Membership on PHA Board or Governing Body        |   |
|                                     | 27  |   |
| <input checked="" type="checkbox"/> | Attachment <u>C</u> : Membership of Resident Advisory Board or Boards           |   |
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- ☒ Attachment D: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

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## **ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Last year's Small PHA Plan recommended implementation of the FSS Program. That has been accomplished in coordination with the Department of Social Services. There are presently six active participants with escrow accounts and three pending applicants.

The PHA continues to support an active Resident Advisory Board with seven active members.

The PHA staff drafted a new Section 8 Housing Choice Voucher Administrative Plan for review and recommendations of the RAB to the Board of Commissioners. Many of the recommendations included in last year's plan (attachment D) are included in that revised plan. Those Policy or Program changes will be implemented as this new plan is implemented.

A review committee felt that the following items were the most significant recommendations for local discretion changes in the way the program has been operated:

Page 29 and 30 of the Deletions/Additions document and page 6 -5 of the draft Admin Plan; added *Hardship Request for an Exception to Minimum Rent*.

These changes were approved by the RAB on May 30, 2002 as part of the Small PHA Plan update process.

Page 48 of the Deletions/Additions document and page 9 -3 of the draft Admin Plan; *Lease Review*

*The PHA will require the owner and tenant to use its "model lease."*

Page 51 of the Deletions/Additions document and page 9 -8 of the draft Admin Plan; *relatives cannot own the leased property.*

This is regulatory.

.....  
.....  
Pages 10 -4 through 10 -8 of the draft Admin Plan.

*Some additional local inspection standards have been added*  
.....  
.....

Page 63 -64 of the Deletions/Additions document and page 11 -3 and 11 -4 of the draft Admin Plan; *Payment Standards for the Voucher Program.*

*Allows payment standard to increase to 110% of FMR under certain circumstances*

These changes were approved by the RAB on May 30, 2002 as part of the Small PHA Plan update process.  
.....  
.....

Page 71 -73 of the Deletions/Additions document and page 12 -5 through 12 -7 of the draft Admin Plan; *Adds issues related to tenant rent and welfare benefit reductions related to welfare fraud or non-compliance.*

This is regulatory  
.....  
.....

Page 12 -7 of the draft Admin Plan describes the *new Cooperation Agreement between the Dept. of Social Services and the PHA.*  
.....  
.....

Page 75 of the Deletions/Additions document and Page 13 -1 of the draft Admin Plan; *Families will now be permitted to move outside the jurisdiction during the initial year of their voucher.*  
.....  
.....

Chapter 19 of the draft Admin Plan is an entirely new chapter explaining informal review and appeal process.

This was changed as a result of the recommendations of the RAB in last year's small PHA Plan, i.e. "Grievance policy: the need for an impartial decision making process in regard to grievance policy and procedures." *This new policy transfers all appeals to the Department of Social Service and follows their process.*  
.....  
.....

Chapter 20 of the draft Admin Plan is a *new chapter describing acceptable housing types. The PHA will not assist residents of Congregate Housing or Group Homes.*

Chapter 22 is now the *Program Integrity Chapter* discussing suspected abuse and fraud.

The balance of the changes in the plan were either regulatory or the committee did not feel they were significant.

## **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☐ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment \_\_\_\_\_

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment \_\_\_\_\_

## **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>
--

1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for        units <input type="checkbox"/> Public housing for        units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for        units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

#### **4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U. S. H. A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

- with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment \_\_\_\_\_

## **6. Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
- Attachment D and file ca144a01 describes RAB consideration and process for RAB approval.*
2. If yes, the comments are \_\_\_\_\_
3. In what manner did the PHA address those comments? (select all that apply) **N/A**
- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included ☐ Yes ☐ No: below or ☐ Yes ☐ No: at the end of the RAB Comments in \_\_\_\_\_
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in \_\_\_\_\_



☐ Other:(listbelow)

### **B.StatementofConsistencywiththeConsolidatedPlan**

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesasnecessary).

1.ConsolidatedPlanjurisdiction: **LakeCounty**

2.ThePHAhastakenthefollowingstepstoensureconsistencyofthisPHAPlanwiththe ConsolidatedPlanforthejurisdiction:(selectallthatapply)

- ☐ ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictiononthe needsexpressedintheConsolidatedPlan/s.
- ☐ ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedby theConsolidatedPlanagencyinthedevelopmentoftheConsolidatedPlan.
- ☐ ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthe developmentofthisPHAPlan.
- ☒ ActivitiestobeundertakenbythePHA inthecomingyearareconsistentwith specificinitiativescontainedintheConsolidatedPlan.(listsuchinitiativesbelow)

**Strivetomeettheneedsoflow -incomerentalhouseholds**

☐ Other:(listbelow)

3. PHARequestsforsupportfromthe ConsolidatedPlanAgency

☐ Yes ☒ No:DoesthePHArequestfinancialorothersupportfromtheStateorlocal governmentagencyinordertomeettheneedsofitspublichousingresidentsor inventory?Ifyes,pleaselistthe5mostimportantrequestsbelow:

4. TheConsolidatedPlanofthejurictionsupportsthePHAPlanwiththefollowingactions andcommitments:(describebelow)

**Meetingthehousingneedsoflow -incomerentalhouseholdsasapriority objective.**

### **C.CriteriaforSubstantialDeviationandSignificantAmendments**

#### **1. AmendmentandDeviationDefinitions**

24CFRPart903.7(r)

PHAsarerequiredtodefineandadopttheirownstandards ofsubstantialdeviationfromthe5 -yearPlanand SignificantAmendmenttotheAnnualPlan.The definitionofsignificantamendmentisimportantbecauseitdefines whenthePHAwillsubjectachangetothepoliciesoractivitiesdescribedintheAnnualPlantofullpublichearing andHUDreviewbeforeimplementation.

**A.SubstantialDeviationfromthe5-yearPlan:NONE**

**B.SignificantAmendmentorModificationtotheAnnualPlan:NONE**

## Attachment A

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
<input checked="" type="checkbox"/>	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input checked="" type="checkbox"/>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
N/A	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
N/A	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
N/A	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
N/A	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
N/A	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
N/A	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement(s) between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
N/A	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
N/A	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName:</b>		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <b>Original Annual Statement</b>  <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> </div> <div> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>  <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> </div> <div> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement  <input type="checkbox"/> Performance and Evaluation Report for Period Ending:         </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies  <input type="checkbox"/> Final Performance and Evaluation Report         </div> <div> <input type="checkbox"/> Revised Annual Statement (revision no:      )         </div> </div>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures				



## PartII:SupportingPages

[illegible]

## PartIII:ImplementationSchedule

[illegible]

CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscal years. CompleteatableforanyPHA -widephysicalormanagementimprovements plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5 -Yearcycle,becausethis informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan			
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement			
Development Number		DevelopmentName (orindicatePHAwide)	
DescriptionofNeede dPhysicalImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)
Totalestimatedcostovernext5years			

# PHA Public Housing Drug Elimination Program Plan

**Note:** THIS PHDEP Plan template (HUD 50 075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

## Section 1: General Information/History

**A. Amount of PHDEP Grant** \$ \_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

## **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This summary must not be more than five (5) sentences long.

## **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

## **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B.PHDEPBudgetSummary

Enter the total amount of PHDEP funding allocated to each line item.

FFY_____PHDEPBudgetSummary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							

2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



**Required Attachment B: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: MONICA M ORIN

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 2003

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of governing board member: 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): CAROL HUCHINGSON, EXECUTIVE DIRECTOR

## **Required Attachment C: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards:

### **Lake County Housing Resident Advisory Board Members:**

Isabelle Mondiel  
Donna Narramore  
Karoline Whitney – Vice -Chairperson  
Monica Morin –Chairperson  
Darlene Sheldon  
Arthur/Victoria Calas  
Jackie Cochran

On March 4, 2002 the RAB approved their By -laws. On March 19<sup>th</sup>, the Board of Commissioners approved an increase in RAB membership from seven (7) members to eleven (11), establishes a quorum to be one -third (four members), and allows a majority of those present to be a valid vote.

Accordingly, we continually recruit for new RAB members. Although the existing RAB is now performing a vital function, we believe the increase in membership will further enhance the efforts of this group, enabling a broader cross -section of local residents to serve.

**Required Attachment D:  
Public Input Process & Recommendations of the Resident Advisory  
Board:**

**Public Notice and Public Hearing:**

A public notice was published on January 11, 2003 allowing for a 45-day public comment period. (see attached *Publication*). The Board of Housing Commissioners was available for written and oral comments at the Public Hearing held on March 4, 2003 at 9:15 a.m. . Nowritten or oral comments were received.

On December 19, 2002 and again on January 9, 2003 the Resident Advisory Board met to make recommendations for the plan draft .

On March 6 the Resident Advisory Board met to consider any public comment received and make recommendation to the Board of Housing Commissioners to approve over the 2003 Small PHA Plan .

**Resident Advisory Board (RAB) Recommendation to the Board of  
Housing Commissioners (March 6, 2003):**

The RAB took into consideration that there were nowritten or oral comments to the draft Small PHA Plan that they approved on January 9, 2003 and therefore unanimously approved the following motions:

- 1) The Resident Advisory Board recommends approval of the Small PHA Plan as originally submitted to the Board with no changes or additions; and,
- 2) The RAB recommends approval of the ***PHA Certification of Compliance with the PHA Plans and Related Regulations Board Resolution to Accompany the PHA Plan.***